

# CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2	X	1				
3			X			
4	1					
5		1	-			
6		1	-			
7		1	-			
8		1	-			
9	1					
10		1	-			
11		1				
12		1	-			
13		1	-			
14		1	-			
15		1	-			
16	X					
17		1	-			
18		1	-			
19		1				
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50						
TOTAL IND.	2		1		1	
TOTAL DEP.	18		1		1	
TOTAL CLAIMS	18		1		1	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS